

| CLAIMS ONLY | | | | | | | Application Number 10/585967 | Filing Date | | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|-------------|-------|--------|
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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| 50 | | | | | | | 100 | | | |
| Total Indep | 2 | 30 | | | | | Total Indep | | | |
| Total Depend | 0 | 0 | | | | | Total Depend | | | |
| Total Claims | 2 | 30 | | | | | Total Claims | | | |